DOCUMENT RESUME

ED 360 804 EC 302 386

TITLE	Guidelines for Evaluating Auditory-Oral Programs for Children Who Are Hearing Impaired.
INSTITUTION	Alexander Graham Bell Association for the Deaf, Inc., Washington, D.C.
PUB DATE	93
NOTE	13p.; Prepared by the International Organization for Education of the Hearing Impaired.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Communication Skills; Elementary Secondary Education; *Hearing Impairments; *Oral Communication Method; Partial Hearing; *Program Evaluation; Skill Development; *Speech Communication; *Teaching Methods

ABSTRACT

These guidelines are intended to assist parents in evaluating educational programs for children who are hearing impaired, where a program's stated intention is promoting the child's optimal use of spoken language as a mode of everyday communication and learning. The guidelines are applicable to programs where spoken language is the sole mode or one of multiple modes of communication. The guidelines state that an excellent educational program should have the following: (1) a commitment to individualizing educational programming to fit the child's strengths and needs; (2) a commitment to aggressive audiological management to promote the child's residual hearing; (3) a commitment to helping children develop intelligible spoken language to the greatest extent possible; (4) parent support offered by the program's leaders and staff; (5) well-trained, well-nurtured, available staff; (6) a range of educational settings; (7) full compliance with due process procedures; (8) a range of supportive services; (9) curricula which are interfaced and in concert with those provided to students in regular schools and classes; (10) a physical and social environment conducive to listening and speech reading; and (11) teachers who are qualified, willing to wear an FM transmitter when appropriate, and regularly consulted and supported by specialist staff. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 360 804

GUIDELINES FOR EVALUATING AUDITORY-ORAL PROGRAMS FOR CHILDREN WHO ARE HEARING IMPAIRED

Prepared by the

INTERNATIONAL ORGANIZATION FOR EDUCATION OF THE HEARING IMPAIRED

Professional Section
of the
Alexander Graham Bell Association for the Deaf
1993

EC 302 386

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Elizabeth Quigley
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PURPOSE

These guidelines are intended to assist parents in evaluating educational programs for children who are hearing impaired, where a program's stated intention is (or includes) promoting the child's optimal use of spoken language as a mode of everyday communication and learning. The preferred educational setting is one where spoken language is the sole mode of communication used by teachers and children. However, IOEHI recognizes that many programs are attempting to provide children with both sign language and spoken language instruction. These guidelines have applicability for the spoken language part of such programs, also.

The guidelines are in full accord with the intent of U.S. Public Laws 94-142 and 99-457, and with the 1992 mission statement of the Alexander Graham Bell Association for the Deaf which follows:

> The mission of the Alexander Graham Bell Association for the Deaf, an organization comprised of persons who are hearing impaired, parents, professionals, and other interested persons, is to empower persons who are hearing impaired to function independently by promoting universal rights and optimal opportunities for such persons, from infancy through adulthood, to learn to use, maintain, and improve all aspects of their verbal communication, including their abilities to speak, speechread, use residual hearing and process both spoken and written language.

An excellent educational program for children who have impaired hearing and are learning "to use, maintain, and improve all aspects of their verbal communication..." to the greatest possible extent should have the following:

I. A COMMITMENT TO INDIVIDUALIZING EDUCATIONAL PROGRAMMING TO FIT THE CHILD'S STRENGTHS AND NEEDS THROUGH:

A. Initial and on-going assessment with parents informed and participating, as appropriate.

B. Setting of goals and objectives with full parental involvement.

C. Documentation of progress to be shared with parents at regular intervals.

II. A COMMITMENT TO AGGRESSIVE AUDIOLOGICAL MANAGEMENT WHICH INCLUDES ENCOURAGING AND TEACHING THE CHILD IN WAYS WHICH WILL PROMOTE TO THE UTMOST HIS OR HER USE OF RESIDUAL HEARING. THE EDUCATIONAL PROGRAM, SCHOOL, OR DISTRICT WILL HAVE IMMEDIATE ACCESS TO AUDIOLOGICAL SERVICES. SUCH AUDIOLOGICAL MANAGEMENT INCLUDES:

A. Periodic assessment of hearing, to include (as a minimum) pure tone thresholds (aided and unaided), speech reception, speech discrimination, and impedance measurements.

B. Appropriate amplification devices for each child, such as hearing aids, FM systems, vibrotactile aids, cochlear implants, or other devices deemed effective.

C. Assistance and consultation with teachers and parents regarding practical aspects of the use of amplification.

D. Establishment and use of system(s) for daily monitoring of hearing aids and other amplification devices to ensure proper functioning.

E. Easy and fast access to minor repair services for amplification devices.

F. Availability of batteries, loaner aids, loaner FM's, and other reserve equipment.

III. A COMMITMENT TO HELPING CHILDREN WITH HEARING IMPAIRMENTS DEVELOP INTELLIGIBLE SPOKEN LANGUAGE TO THE GREATEST EXTENT POSSIBLE THROUGH:

A. A concerted focus on using spoken language to communicate.

B. Assessment, goal-setting, instruction and documentation of progress (all with parental knowledge) on developing speech and language.

C. A high, as well as realistic, expectation for each child to communicate as clearly as possible using spoken language.

IV. PARENT SUPPORT OFFERED BY THE PROGRAM'S LEADERS AND STAFF BY WAY OF:

A. Providing information and education regarding all aspects and implications of the child's hearing loss, including as appropriate, unique roles and responsibilities of parents of children who are hearing impaired.

B. Providing opportunities for parents to share feelings and experiences with other parents in order to best meet the challenges of parenting a child with a hearing loss.

C. Informing parents of their rights, and of national and local parent support groups such as the Alexander Graham Bell Association for the Deaf Chapters or local parent group affiliates.

V. WELL-TRAINED, WELL-NURTURED, AVAILABLE STAFF.

A. All staff have appropriate training and qualifications.

1. Teachers or Aural Habilitationists: state or provincial licensure, also CED (Council on Education of the Deaf) or ACEHI (Association of Canadian Educators of the Hearing Impaired) certification encouraged.

2. Audiologists/Speech Language Pathologists: state or provincial licensure, also must be certified by the American Speech-Language Hearing Association (ASHA) or the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA). Supervised experience with children who are hearing impaired prior to being hired is strongly recommended.

3. Psychologists/Social Workers: state or provincial licensure.

B. Staff communicates regularly with each other, with parents, and with the community through periodic meetings, phone calls, or in writing as appropriate.

C. Staff plans cooperatively in order to provide continuity of education programming.

D. Professional development (inservice training) of the staff is provided as appropriate.

E. Staff encourages parent input regarding their child, and parent involvement in all aspects of the program and the child's education.

VI. A RANGE OF EDUCATIONAL SETTINGS ARE AVAILABLE INCLUDING:

A. Full-time regular class.

B. Full-time regular class with supportive services.

C. Part-time regular class/part-time special class.

D. Full-time special class in regular school.

E. Full-time special class in special school.

F. Residential\day school placement.

G. Home or hospital services if necessary.

VII. PLACEMENT IN ONE OF THESE SETTINGS IS ACCOMPLISHED IN FULL COMPLIANCE WITH DUE PROCESS PROCEDURES, AND PARENT/STAFF DEVELOPMENT OF THE INDIVIDUALIZED EDUCATION PROGRAM OR INDIVIDUAL FAMILY SERVICE PLAN, AS STIPULATED BY LAW.

VIII. THE RANGE OF SUPPORTIVE SERVICES AVAILABLE ON SITE OR EASILY ACCESSIBLE MAY INCLUDE:

A. Audiology.

B. Speech-language pathology.

C. Sensory integration/occupational or physical therapist.

D. Counseling services for students and families.

E. Behavioral management.

F. Social work.

G. Academic tutoring.

H. Oral Interpreters.

I. Note takers.

J. Career counseling\Placement service (for high school students).

K. Respite child care.

L. Coordinated service delivery as needed from other agencies.

IX. CURRICULA IN ALL AREAS ARE INTERFACED AND IN CONCERT WITH THOSE PROVIDED TO STUDENTS IN REGULAR SCHOOLS AND CLASSES.

X. PHYSICAL AND SOCIAL ENVIRONMENT IS ACCESSIBLE AND CONDUCIVE TO LISTENING AND TO SPEECH READING BECAUSE THE FACILITY IS:

A. Located in an area where there is minimal outside noise.

B. Acoustically treated with carpets on the floor, acoustic tiles, curtains.

C. Equipped with assistive listening devices, as appropriate.

D. Adequately lighted for easy speechreading.

E. Arranged so that children in the auditory-oral program are not taught in the same class that is implementing total communication for other children.

XI. TEACHERS OF REGULAR CLASSES IN THE MAINSTREAM:

A. Have been given a comprehensive orientation regarding their role in meeting the requirements of students who are hearing impaired.

B. Agree to wear an FM transmitter when appropriate.

C. Are regularly consulted, assisted, and supported by specialist staff from the auditory-oral educational program to include, as appropriate, teachers of students who are hearing impaired, aural habilitationists, audiologists, speech-language pathologists, and psychologists or social workers.

GUIDELINES FOR EVALUATING AUDITORY-ORAL PROGRAMS FOR CHILDREN WHO ARE HEARING IMPAIRED

Prepared by the

INTERNATIONAL ORGANIZATION FOR EDUCATION OF THE HEARING IMPAIRED

Professional Section
of the
Alexander Graham Bell Association for the Deaf
1993

PURPOSE

These guidelines are intended to assist parents in evaluating educational programs for children who are hearing impaired, where a program's stated intention is (or includes) promoting the child's optimal use of spoken language as a mode of everyday communication and learning. The preferred educational setting is one where spoken language is the sole mode of communication used by teachers and children. However, IOEHI recognizes that many programs are attempting to provide children with both sign language and spoken language instruction. These guidelines have applicability for the spoken language part of such programs, also.

The guidelines are in full accord with the intent of U.S. Public Laws 94-142 and 99-457, and with the 1992 mission statement of the Alexander Graham Bell Association for the Deaf which follows:

> The mission of the Alexander Graham Bell Association for the Deaf, an organization comprised of persons who are hearing impaired, parents, professionals, and other interested persons, is to empower persons who are hearing impaired to function independently by promoting universal rights and optimal opportunities for such persons, from infancy through adulthood, to learn to use, maintain, and improve all aspects of their verbal communication, including their abilities to speak, speechread, use residual hearing and process both spoken and written language.

An excellent educational program for children who have impaired hearing and are learning "to use, maintain, and improve all aspects of their verbal communication..." to the greatest possible extent should have the following:

I. A COMMITMENT TO INDIVIDUALIZING EDUCATIONAL PROGRAMMING TO FIT THE CHILD'S STRENGTHS AND NEEDS THROUGH:

A. Initial and on-going assessment with parents informed and participating, as appropriate.

B. Setting of goals and objectives with full parental involvement.

C. Documentation of progress to be shared with parents at regular intervals.

II. A COMMITMENT TO AGGRESSIVE AUDIOLOGICAL MANAGEMENT WHICH INCLUDES ENCOURAGING AND TEACHING THE CHILD IN WAYS WHICH WILL PROMOTE TO THE UTMOST HIS OR HER USE OF RESIDUAL HEARING. THE EDUCATIONAL PROGRAM, SCHOOL, OR DISTRICT WILL HAVE IMMEDIATE ACCESS TO AUDIOLOGICAL SERVICES. SUCH AUDIOLOGICAL MANAGEMENT INCLUDES:

A. Periodic assessment of hearing, to include (as a minimum) pure tone thresholds (aided and unaided), speech reception, speech discrimination, and impedance measurements.

B. Appropriate amplification devices for each child, such as hearing aids, FM systems, vibrotactile aids, cochlear implants, or other devices deemed effective.

C. Assistance and consultation with teachers and parents regarding practical aspects of the use of amplification.

D. Establishment and use of system(s) for daily monitoring of hearing aids and other amplification devices to ensure proper functioning.

E. Easy and fast access to minor repair services for amplification devices.

F. Availability of batteries, loaner aids, loaner FM's, and other reserve equipment.

III. A COMMITMENT TO HELPING CHILDREN WITH HEARING IMPAIRMENTS DEVELOP INTELLIGIBLE SPOKEN LANGUAGE TO THE GREATEST EXTENT POSSIBLE THROUGH:

A. A concerted focus on using spoken language to communicate.

B. Assessment, goal-setting, instruction and documentation of progress (all with parental knowledge) on developing speech and language.

C. A high, as well as realistic, expectation for each child to communicate as clearly as possible using spoken language.

IV. PARENT SUPPORT OFFERED BY THE PROGRAM'S LEADERS AND STAFF BY WAY OF:

A. Providing information and education regarding all aspects and implications of the child's hearing loss, including as appropriate, unique roles and responsibilities of parents of children who are hearing impaired.

B. Providing opportunities for parents to share feelings and experiences with other parents in order to best meet the challenges of parenting a child with a hearing loss.

C. Informing parents of their rights, and of national and local parent support groups such as the Alexander Graham Bell Association for the Deaf Chapters or local parent group affiliates.

V. WELL-TRAINED, WELL-NURTURED, AVAILABLE STAFF.

A. All staff have appropriate training and qualifications.

1. Teachers or Aural Habilitationists: state or provincial licensure, also CED (Council on Education of the Deaf) or ACEHI (Association of Canadian Educators of the Hearing Impaired) certification encouraged.

2. Audiologists/Speech Language Pathologists: state or provincial licensure, also must be certified by the American Speech-Language Hearing Association (ASHA) or the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA). Supervised experience with children who are hearing impaired prior to being hired is strongly recommended.

3. Psychologists/Social Workers: state or provincial licensure.

B. Staff communicates regularly with each other, with parents, and with the community through periodic meetings, phone calls, or in writing as appropriate.

C. Staff plans cooperatively in order to provide continuity of education programming.

D. Professional development (inservice training) of the staff is provided as appropriate.

E. Staff encourages parent input regarding their child, and parent involvement in all aspects of the program and the child's education.

VI. A RANGE OF EDUCATIONAL SETTINGS ARE AVAILABLE INCLUDING:

A. Full-time regular class.

B. Full-time regular class with supportive services.

C. Part-time regular class/part-time special class.

D. Full-time special class in regular school.

E. Full-time special class in special school.

F. Residential\day school placement.

G. Home or hospital services if necessary.

VII. PLACEMENT IN ONE OF THESE SETTINGS IS ACCOMPLISHED IN FULL COMPLIANCE WITH DUE PROCESS PROCEDURES, AND PARENT/STAFF DEVELOPMENT OF THE INDIVIDUALIZED EDUCATION PROGRAM OR INDIVIDUAL FAMILY SERVICE PLAN, AS STIPULATED BY LAW.

VIII. THE RANGE OF SUPPORTIVE SERVICES AVAILABLE ON SITE OR EASILY ACCESSIBLE MAY INCLUDE:

A. Audiology.

B. Speech-language pathology.

C. Sensory integration/occupational or physical therapist.

D. Counseling services for students and families.

E. Behavioral management.

F. Social work.

G. Academic tutoring.

H. Oral Interpreters.

I. Note takers.

J. Career counseling\Placement service (for high school students).

K. Respite child care.

L. Coordinated service delivery as needed from other agencies.

IX. CURRICULA IN ALL AREAS ARE INTERFACED AND IN CONCERT WITH THOSE PROVIDED TO STUDENTS IN REGULAR SCHOOLS AND CLASSES.

X. PHYSICAL AND SOCIAL ENVIRONMENT IS ACCESSIBLE AND CONDUCIVE TO LISTENING AND TO SPEECH READING BECAUSE THE FACILITY IS:

A. Located in an area where there is minimal outside noise.

B. Acoustically treated with carpets on the floor, acoustic tiles, curtains.

C. Equipped with assistive listening devices, as appropriate.

D. Adequately lighted for easy speechreading.

E. Arranged so that children in the auditory-oral program are not taught in the same class that is implementing total communication for other children.

XI. TEACHERS OF REGULAR CLASSES IN THE MAINSTREAM:

A. Have been given a comprehensive orientation regarding their role in meeting the requirements of students who are hearing impaired.

B. Agree to wear an FM transmitter when appropriate.

C. Are regularly consulted, assisted, and supported by specialist staff from the auditory-oral educational program to include, as appropriate, teachers of students who are hearing impaired, aural habilitationists, audiologists, speech-language pathologists, and psychologists or social workers.